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ABSTRACT

This paper describes a project which is attempting to strengthen existing programs and develop new forms of support for rural children and their families. The setting of the project is a three-county area in south-western Pennsylvania which has been designated as "underserved" in reference to health and mental health facilities. The program's population is 36,000 children under the age of six. The project staff consists of faculty members from the Department of Psychiatry and the Western Psychiatric Institute and Clinic at the University of Pittsburgh. This staff is working in collaboration with representatives of the human service network in the three-county area. Data from the catchment areas indicate that the project has had a significant impact on the services provided to children. Local people have been trained as child development specialists, and these specialists have served as consultants, program planners, and advocates for young children. The project has demonstrated the advantages of coordinated efforts between mental health professionals in an urban university and a rural area.
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Mental health services for children in
Pennsylvania Appalachia: a new approach

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Introduction

America's rural population is especially vulnerable to the stresses associated with geographic isolation, poverty, personal crisis, and the disruption of traditional life styles. The characteristics of rural family life have been vividly portrayed in oral histories^{1,2} and sociological commentaries^{3,4,5} as well as in carefully documented research studies.^{6,7} These diverse findings indicate that the stereotype of rural life as carefree and self-sustaining cannot be applied to the majority of the rural population. Rural families experience many of the problems usually associated with urban life, such as child abuse, overcrowded housing, extreme poverty, and high rates of unemployment. These problems are exacerbated by the social isolation, lack of public transportation and scarcity of human services in rural communities. The incidence of serious emotional and developmental disorders in rural areas generally parallels that of urban areas, but rural families have fewer mental health facilities and trained manpower to assist them. Programs and services for children are especially limited. "The practical effect of such inattention to specifically rural mental health concerns has been the denial of quality mental health care to a major portion of the 55 million Americans who reside in rural communities."⁸ This statement from the President's Mental Health Commission is especially relevant to many regions of Appalachia.

In recent years, innovative mental health programs have been developed in various parts of central and southern Appalachia.^{9,10,11,12} Training programs have been designed to improve existing resources and extend the

skills of mental health workers. In some areas, the utilization of visiting consultants and educators has helped to strengthen the administrative and treatment capabilities of rural facilities. This paper will describe specific aspects of one such project and suggest a model for effective collaboration between a psychiatry department in a major urban university and a network of rural community agencies.

Description of the Project

The Western Psychiatric Institute and Clinic and the Department of Psychiatry at the University of Pittsburgh have received a three-year grant from the Appalachia Regional Commission for the purpose of developing a project entitled "Child Development Casualties: Identification and Remediation."^{*} The setting of the project is a three-county area in southwestern Pennsylvania which has been designated by the Department of Health, Education and Welfare as "underserved" in reference to health and mental health facilities.^{**} Services for young children and their families are especially scarce. There are only twelve pediatricians and a sprinkling of child psychiatrists and psychologists serving the entire population which, according to the 1970 census, includes approximately 36,000 children under the age of six. Almost 20% of these children are growing up in conditions of poverty and about one-third are living in inadequate or overcrowded housing.¹³ Existing facilities such as Mental Health/Mental Retardation clinics, Day Care centers, and Head Start programs reach only a small

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^{**}Source: Federal Register, Vol. 41, #234; Friday, December 3, 1976, Part II.
Department of Health, Education and Welfare. Public Health Service.

portion of this population. Approximately 70% of the children under the age of six are not being served by any existing human service, private or public. Acknowledging the complex needs of the area, the scarcity of consultative services and the hardships imposed by limited funds and few resources for staff development, the Appalachia Child Development Project has initiated a multifaceted approach to meet some of these needs.

As the title of the project indicates, our work is directed to the identification of developmental delays and problematic behavior in young children under the age of six. Through various collaborative endeavors with the human service organizations who serve children in the area, the Project staff is attempting to strengthen existing programs and develop new forms of interventions for these children and their families. The Project's core staff consists of a child psychiatrist who is Project Director, a developmental psychologist, a clinical child psychologist, and a public health specialist who also serves as research assistant. These staff members are attached to the Office of Education and Regional Programming in the Department of Psychiatry, University of Pittsburgh. This Office is responsible for providing a wide range of mental health services to a 23-county region in Western Pennsylvania. The Appalachia Project, through its work in three of these counties, fulfills part of this responsibility.

During the initial planning stage of the Project, the Project Director held a series of meetings with representatives of the entire human service network in the three-county area. In these preliminary meetings, the objectives and available resources of the agencies were reviewed. It became apparent that the needs of these agencies in respect to services for children would best be met by the creation of a new professional speciality.

In order to improve the quality and quantity of services and stimulate a greater interest in the needs of children, a specialist in child development and community service would be required. Therefore, an important facet of the Project was to identify the parameters of such a speciality, recruit the appropriate persons to be trained, and develop a program of educational experiences and field placements for them. In planning this aspect of the Project, it was important to maximize the participation of available University staff and take full advantage of the resources of a major University Health Center. The plan would also take into consideration the limited duration of the project and the need to insure the continuation of services after the end of the three-year period.

This paper will focus on the orientation, education, and role definition for this new professional role of Developmental Specialist. It will describe the sequence of training, field placement and work experience that has been planned for the three-year period of the Project. This sequence reflects some of the ideas and convictions that have guided the emergence of other mental health training programs.^{14,15,16} However, because of its particular emphasis on the early development of rural children and the corresponding resources and needs of their communities, it represents a unique contribution to the field.

Training and role of Developmental Specialists

The first year (1976-1977)

1. Recruitment of Developmental Specialist trainees.

Applicants for the position of Developmental Specialists were recommended by the Directors of the Base Service Units, the administrative unit for mental health services, in the four rural catchment areas. Four trainees were chosen by the Project core staff to represent the areas of Washington,

Fayette and Greene Counties and the Mon Valley. The trainees are college graduates with backgrounds in psychology, child development or education, and a strong commitment to the rural communities in which they live. During the three-year duration of the Project, they will be employed by Western Psychiatric Institute and Clinic. They are attached to and located in their respective Base Service Units, where they will be employed after the Project is concluded.

2. Orientation to theory and practice.

The trainees were given a wide range of educational and field experiences to prepare them for their role as Child Development Specialists in their own communities. This preparation included the following:

- general introduction to theoretical issues in child development, family dynamics and community mental health;
- seminars and discussion with core staff;
- attendance at Child Psychiatry seminars in the Department of Psychiatry;
- observations of children at various age levels, in different settings;
- observations of parent interviews;
- selected readings.

3. Orientation to the human service network.

To familiarize them with all aspects of the human service network in the four rural catchment areas, the Developmental Specialists were given the following assignments:

- attendance at all planning meetings convened by the core staff with more than 70 agencies in the four catchment areas;
- preparation of written reports to summarize the planning meetings;
- introduction to Base Service Units, their scope of services, staff functions, administrative structure, and funding patterns;

- assessment of program needs for individual agencies and communities;
- collection of demographic data on the relevant characteristics of each catchment area;
- participation in the formulation of a plan for service delivery;
- attendance at all consultations and educational programs provided by the core staff.

4. Orientation to University-based facilities through staff presentations and observations of diagnostic, treatment, and educational techniques.

This training was provided in sequential field placements, one day per week for periods of three months, at settings relevant to the work of the Project. These included the Speech Clinic at Children's Hospital, Developmental Clinic, the Parental Stress Center, the special Head Start Center at the Pittsburgh Child Guidance Clinic, and the University Laboratory School. The field placements were intended to familiarize the Developmental Specialists with programs and staff in the child-oriented facilities attached to the University and facilitate subsequent contacts and referrals.

The second year (1977-1978)

During this second year, the Developmental Specialists were assigned four days per week to their respective Base Service Units. They were faced with the task of carving out a professional identity that would allow them to create new programs and improve ongoing services without encroaching upon existing staff functions. During this period, two major aspects of the project were carried out. For the Developmental Specialist trainees, there was an ongoing program of training in theoretical and practical issues. At the same time, there was expansion and consolidation of service delivery. This phase of the project was accomplished in the following ways:

1. Continuation of training in theoretical and practical issues.

The core staff met with the Developmental Specialist Trainees one day per week for ongoing educational seminars. These included staff presentations and discussions on developmental interviewing and assessment, techniques of consultation, aspects of community organization and social networks, public health issues and epidemiology. In addition, there were introductory seminars on various aspects of mental health treatment, play therapy, family therapy, behavior modification, etc. Regular meetings were also held to arrange Project schedules, coordinate services, plan short- and long-term programs, and evaluate progress.

2. Programming and delivery of services.

During this period, the role of the Developmental Specialists was gradually clarified and the scope of their activities expanded. They became familiar with the various staff members and services provided by their respective Base Service Units. They assumed the responsibility for arranging and coordinating the services provided by the core staff and they participated more actively in consultations and educational presentations. In addition, they began to develop new services based on the needs of their individual communities. For example, one Developmental Specialist inaugurated a series of interdisciplinary meetings on child abuse. Another provided a series of lectures to local agencies and high schools on various aspects of child development. A third supervised a group of local college students in Project-related studies. Each of these new services was planned through the local Base Service Unit and coordinated with other community services.

During this second year of the Project, the Developmental Specialists

also participated in two other activities that were initiated by the core staff. In each of the catchment areas, a course in developmental interviewing was offered to staff members of local agencies. This course was intended to teach useful skills to these groups and to insure more uniform intake procedures among the various agencies. The Developmental Specialists attended all meetings of these groups, taught some of the seminars, and arranged for scheduling and assignments. In addition, the Project staff has formed Executive Child Advocacy Committees in each of the four catchment areas. These committees consist of the Directors of all child-related agencies in the area. The Developmental Specialists convene the monthly meetings, plan the agenda, and coordinate activities. These Committees will serve as planning, coordinating and lobbying groups, to insure continuity and improvement of services for children.

The third year (1978-1979)

In this last year of the Project, the Developmental Specialists will be assigned to their respective Base Service Units five days per week. They will assume greater responsibility for providing services and generating new programs. The core staff will continue to function in supervisory, consultative, administrative, and supportive roles. Case consultations and staff training will be continued, with greater emphasis on interagency meetings and coordination of services within each community. New programs will be fostered to prevent child abuse and neglect. The Study Groups in developmental interviewing will also be continued, with a special focus on developmental assessment. The Developmental Specialists will teach and supervise members of these groups in the use of various assessment techniques. As the groups become proficient in assessment and interviewing, they will be encouraged to teach these skills to others in their

agencies, thus extending the sphere of expertise. As part of their ongoing training, the Developmental Specialists will study various play techniques which they can use to supplement existing diagnostic and treatment modalities in their Base Service Units. These activities are all intended to strengthen the role of the Developmental Specialists and clarify the significance of their work.

Conclusion

The Appalachia Regional Commission Project described in this paper will terminate in July, 1979. Although the core staff will no longer be actively involved, Project services will be carried on by the Developmental Specialists who will then become regular staff members of their Base Service Units. Data from the four catchment areas indicated that this Project has had a significant impact on the quality and quantity of services provided to children. Each of the Developmental Specialists has become a vital asset to her community and an informed advocate for the healthy development of children. The Project has demonstrated the advantages of coordinated efforts between mental health professionals in an urban university and a rural area. Through the ongoing work of the Developmental Specialists and the supportive network of services developed by the Project staff during this three-year period, it is hoped that there will be enduring concern and active commitment to the well-being of children in these communities.

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